## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # M64729**

1. Entity Name ( ) JEFFREY G. CARPET CARE, INC.



**FILED** Jan 20, 2006 08:00 AN Secretary of State

Daissalant Bissa of Business

Grodenchik Lin dr. N, Fl. 33428	% JEFFREY GRODENCHIK 10140 MARLIN DR. BOCA RATON, FL 33428	01122006 4. FEI Numb 65-002	No Chg-P CR2 Der 22373	2E034 (11/05)  Applied For Not Applicable \$8.75 Additional Fee Required
CHIK, JEFFREY IRLIN DR. ITON, FL 33428		IN <sup>-</sup>	THIS SPAC	E
tions of registered agent.  Signature, lyped or printed name of registered agent and title		ature required when reinstalling)	oth, in the State of Florida. I a	
OFFICERS AND DIRE  D  GRODENCHIK, JEFFREY  10140 MARLIN DR.		J Added to Fees	(II)(II)(II)(II)(II)(II)(II)(II)(II)(II	16 8-non 150 nn
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	GRODENCHIK KUN DR. N, FL 33428  CHIK, JEFFREY ARLIN DR. TON, FL 33428  e named entity submits this statement for the tions of registered agent.  Squature, typed or printed name of registered agent and title.  E NOW!!! FEE IS \$150.00  LE NOW!!! FEE IS \$150.00  April 2006 Fee will be \$550.00  OFFICERS AND DIRE  D  GRODENCHIK, JEFFREY	GRODENCHIK RLIN DR. N, FL 33428  DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent  CHIK, JEFFREY ARLIN DR. TON, FL 33428  CHIK, JEFFREY ARLIN DR. TON, FL 33428  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.  Squature, typed or printed name of registered agent and title if applicable.	GRODENCHIK KILIN DR. N, FL 33428  DO NOT WRITE IN THIS SPACE  O1122006  4. FEI Number 65-002  5. Certificate  CHIK, JEFFREY NRLIN DR. NTON, FL 33428  Paramed entity submits this statement for the purpose of changing its registered office or registered agent.  Signature, typed or or internal amend registered agent and side if applicable.  Signature, typed or or internal amend registered agent and side if applicable.  Signature, typed or or internal agent and side if applicable.  Signature, typed or or internal agent and side if applicable.  Signature, typed or or internal agent and side if applicable.  Signature, typed or or internal agent and side if applicable.  Signature, typed or or internal agent and side if applicable.  Signature, typed or or internal agent and side if applicable.  Signature, typed or or internal agent and side if applicable.  Signature, typed or or internal agent and side if applicable.  Signature, typed or or internal agent agent and side if applicable.  Signature, typed or or internal agent agent and side if applicable.  Signature, typed or or internal agent agent and side if applicable.  Signature, typed or or internal agent agent and side if applicable.  Signature, typed or or internal agent agen	GRODENCHIK LIN DR. 10140 MARLIN DR. 8DCA RATON, FL 33428  DO NOT WRITE IN THIS SPACE  O1122006 No Chg-P CR3  1. FEI Number 65-0022373  5. Certificate of Status Desired Chilk, JEFFREY RLIN DR. 100 NOT WRITE IN THIS SPACE  CHIK, JEFFREY RLIN DR. 100 NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  O1122006 No Chg-P CR3  5. Certificate of Status Desired Chilk, JEFFREY RLIN DR. 100 NOT WRITE IN THIS SPACE  Enamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 11 tions of registered agent and the if applicable. (NOTE, Registered Agent signature required when remaining)  DESTRUCTION OF THE STATE OF TH

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the reverse or trustee empowered to elecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

VEFFREY GRODENCHIK TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #